County: Sheboygan ST. NICHOLAS TRANSITIONAL CARE

1601 TAYLOR DRIVE

SHEBOYGAN 53081 Phone: (920) 459-4740		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	15	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	15	Title 19 (Medicaid) Certified?	No
Number of Residents on 12/31/03:	14	Average Daily Census:	7

Services Provided to Non-Residents		Age, Gender, and Primary Di				Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	8	Less Than 1 Year	0.0
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities		Under 65 65 - 74		More Than 4 Years	0.0
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	28.6	 **********	0.0
Adult Day Care Adult Day Health Care	No No	Para-, Quadra-, Hemiplegic	0.0	85 - 94 95 & Over	0.0	Full-Time Equivalent	
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	42.9	 	100.0	Nursing Staff per 100 Resi (12/31/03)	
Other Meals Transportation	No No	Cardiovascular Cerebrovascular		65 & Over 		 RNs	37.6
Referral Service Other Services	No No	Diabetes Respiratory		Gender 			6.3
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	57.1	Male Female	42.9	Aides, & Orderlies	17.1
Provide Day Programming for				remare		İ	
Developmentally Disabled	No	•			100.0	•	

Method of Reimbursement

		Medicare			dicaid tle 19			Other		P.	rivate Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	96	Per Diem (\$)	Tota: Resident	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	14	100.0	335	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	14	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		0	0.0		0	0.0		0	0.0		0	0.0		0	0.0		14	100.0

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services	, and Activities as of 12,	/31/03
Deaths During Reporting Period	<u>l</u>						
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		92.9	7.1	14
Other Nursing Homes	0.0	Dressing	0.0		92.9	7.1	14
Acute Care Hospitals	100.0	Transferring	0.0		92.9	7.1	14
Psych. HospMR/DD Facilities	0.0	Toilet Use	0.0		92.9	7.1	14
Rehabilitation Hospitals	0.0	Eating	85.7		7.1	7.1	14
Other Locations	0.0	* * * * * * * * * * * * * * * * * * *	*****	*****	*****	******	*****
Total Number of Admissions	278	Continence		용	Special Trea	itments	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	14.3	Receiving	Respiratory Care	7.1
Private Home/No Home Health	66.2	Occ/Freq. Incontiner	nt of Bladder	28.6	Receiving	Tracheostomy Care	0.0
Private Home/With Home Health	10.4	Occ/Freq. Incontiner	nt of Bowel	21.4	Receiving	Suctioning	0.0
Other Nursing Homes	8.2				Receiving	Ostomy Care	7.1
Acute Care Hospitals	4.1	Mobility			Receiving	Tube Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving	Mechanically Altered Diets	s 0.0
Rehabilitation Hospitals	0.0						
Other Locations	9.7	Skin Care			Other Reside	ent Characteristics	
Deaths	1.5	With Pressure Sores		7.1	Have Advan	ce Directives	50.0
Total Number of Discharges		With Rashes		7.1	Medications		
(Including Deaths)	269				Receiving	Psychoactive Drugs	21.4

	This	Other Hospital-			All
	Facility	Based Facilities		Fac	ilties
	용	용	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	46.7	90.1	0.52	87.4	0.53
Current Residents from In-County	100.0	83.8	1.19	76.7	1.30
Admissions from In-County, Still Residing	5.0	14.2	0.36	19.6	0.26
Admissions/Average Daily Census	3971.4	229.5	17.31	141.3	28.10
Discharges/Average Daily Census	3842.9	229.2	16.77	142.5	26.98
Discharges To Private Residence/Average Daily Census	2942.9	124.8	23.58	61.6	47.76
Residents Receiving Skilled Care	100.0	92.5	1.08	88.1	1.14
Residents Aged 65 and Older	85.7	91.8	0.93	87.8	0.98
Title 19 (Medicaid) Funded Residents	0.0	64.4	0.00	65.9	0.00
Private Pay Funded Residents	0.0	22.4	0.00	21.0	0.00
Developmentally Disabled Residents	0.0	1.2	0.00	6.5	0.00
Mentally Ill Residents	0.0	32.9	0.00	33.6	0.00
General Medical Service Residents	57.1	22.9	2.49	20.6	2.78
Impaired ADL (Mean)*	48.6	48.6	1.00	49.4	0.98
Psychological Problems	21.4	55.4	0.39	57.4	0.37
Nursing Care Required (Mean)*	3.6	7.0	0.51	7.3	0.49